

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027289 ✓

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3728

STATE FILE NUMBER

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

22 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

VA HOSPITAL, K.C., MO

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5716 MYRTLE AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLEO

Middle

FRANKLIN

Last

PATTON

4. DATE
OF
DEATH

Month

JULY

Day

14, 1962

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-18-19

9. AGE (last birthday)

42 43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STATIONARY FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY SCHOOL DISTRICT

11. BIRTHPLACE (City and state or country)

SYRACUSE, KANSAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ENNIS PATTON

13b. MOTHER'S MAIDEN NAME

MINNIE MAE PIPPINGER

14. NAME OF HUSBAND OR WIFE

IMOGENE D. PATTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WW II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

OFFICIAL RECORDS VA HOSPITAL

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ENCEPHALOMALACIA, RIGHT CEREBRAL HEMISPHERE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) OCCLUSION OF RIGHT MIDDLE CEREBRAL ARTERY

DUE TO (c) POST OPERATIVE STATUS FOR RIGHT MIDDLE CEREBRAL ANEURYSM

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from

7-9-62

to 7-14-62

Death occurred at

10:15

p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. H. Owings M.D.

22b. ADDRESS

VA Hospital, K.C., Mo.

22c. DATE SIGNED

7-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

JULY 17, 62

23c. NAME OF CEMETERY OR CREMATORY

SENECA CEMETERY

23d. LOCATION (City, town, or county)

SENECA

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS 1331 BRUSH CR. KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

7-17-62

26. REGISTRAR'S SIGNATURE

Kath H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

R. H. Owings M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold O. Reich

Licensed Embalmer No. 1998

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.